

Predictors of Adolescent Substance Use in Hong Kong:  
Parenting Styles, Psychosocial Development, and Comorbid  
Psychopathology

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## ABSTRACT

The present research examined the relative contribution of a host of predictors, including parenting variables, indices of psychosocial development, and concurrent psychopathology on adolescent substance use in Hong Kong. Both non-clinical (N=539) and clinical (N=279) subjects were studied. As expected, teenage drug users in the clinical group were more likely to have adversities in their social/family background, externalizing and internalizing problem behaviors, looser parental supervision, as well as greater susceptibility to peer influence. Current findings showed that youngsters from authoritative or authoritarian families reported less drug use than those from indulgent or neglectful homes. In general, multiple regression analyses identified externalizing problem behavior, susceptibility to peer influence, and parental supervision as the three strong predictors of teenage licit and illicit drug use, relative to the other variables. But there were also some variations in terms of the relative importance of different predictors across subsamples. Parenting

variables and psychosocial development indices accounted for more unique variance of licit drug use, whereas concurrent psychopathology added more unique contribution to explain illicit drug use. Implications of the findings on social policy and intervention were also discussed.



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## CHAPTER I

### Introduction

Adolescence, a critical developmental stage, has been identified as a period of most active experimentation of drugs (Gorsuch & Arno, 1978; Mayer & Filstead, 1980). In Hong Kong, the staggering rise in young narcotics users during the recent years raises much concern. Statistical data from the Central Registry of Drug Abuse for 1994 revealed a 22 per cent increase in newly reported drug users aged under 21. In 1994, 2,748 new candidates were added to the list compared with 2,252 in 1993. Moreover, police statistics also revealed a 34 per cent surge in youth drug-related crime during 1994. Many studies have delineated the associated problems of substance use, including delinquency, later health complications, spread of AIDS, traffic accidents, and school-related problems (Barr et al., 1984; Gropper, 1984; Kane & Patterson, 1972, Petersen, 1987). Longitudinal data also suggest that early substance use can lead to later serious abuse (Kellam et al., 1983; Yamaguchi & Kandel, 1984). This alarming rate of adolescent substance use in Hong Kong is worrisome and therefore calls for more research to be done in this area.

It is well-established that teenage drug use is determined by a multitude of biopsychosocial factors (e.g.



Bailey, 1989; Stein, Newcomb, & Bentler, 1987; Zucker & Gomber, 1986). According to an interactional model, four levels of factors are generally included in its multiple-influence framework: (a) sociocultural and community influences, (b) family influences, (c) peer influences, and (d) intraindividual influences, such as cognitive and genetic factors. Among the family variables, parent-youth interactions offer a good arena for examining why certain youngsters use drugs while others refrain (Coombs & Landsverk, 1988). In particular, inadequate parenting and loose contact between parent and child have been found as predisposing factors in substance use (e.g. Barnes, 1984; Kandel, 1980). Thus, the first objective of the current study was to assess the importance of parenting styles in predicting adolescent substance use in Hong Kong.

In addition to parental influence, the research literature also attests to significant positive associations between substance use/abuse and other problem behaviors during adolescence such as delinquency, precocious sexual behavior, or school dropout (Newcomb & Bentler, 1989). But according to Boyle and Offord (1991), few studies have examined the relative usefulness of various types of psychiatric disturbances in predicting teenage substance use. Such information is crucial for developing hypotheses

on the etiology of substance use. The second objective of this project was to further understand the relationship of substance use with other contemporaneous behavioral and emotional disorders in adolescence.

*Parenting Styles*

Early developmental theorists studied 3 dimensions of parental behavior that influence children's socialization processes in far-reaching manner --- warmth vs. hostility, restrictiveness vs. permissiveness, and anxious emotional involvement vs. calm/detached (Becker, 1964). Six parent types, namely democratic, indulgent, organized effective, overprotective, rigid controlling, hostile authoritarian, neglecting, and anxious neurotic, were identified according to this way of differentiation. Later, in the early 70's, Baumrind employed a configurational approach to define parenting style, which gave rise to the authoritative-authoritarian-permissive typology (Baumrind, 1971, 1978). Her tripartite model mainly focused on the qualitative variations in patterns of parental authority and control among the typologies and has received wide research attention over the past two decades (Darling & Steinberg, 1993). In their influential literature review on socialization practices, Maccoby and Martin (1983) attempted



to merge Baumrind's configurational approach with earlier endeavors to measure parenting along a limited number of dimensions. They defined parenting style as a function of two orthogonal dimensions and labeled them as responsiveness and demandingness. Responsiveness refers to the degree which parents respond to children's needs in an accepting, supportive manner. Demandingness refers to the extent to which parents expect and demand mature, responsible behavior from children (Steinberg, 1993). Extensive research has also revealed that parental control (permissiveness-strictness) and parental warmth (acceptance-rejection) constitute 2 major parenting dimensions in different human societies (Lau & Cheung, 1987), which match well with Maccoby and Martin's (1983) conceptualization.

As pointed out by Lamborn et al. (1991), examining the combined effects of responsiveness/warmth and demandingness/control yields four types of families, rather than the three emphasized in most discussions and empirical tests of Baumrind's classification scheme (e.g. Dornbusch et al., 1987). They argued that permissive parents are often warm and caring, but some are emotionally detached and even uninvolved, who don't really care what their children do. In other words, there exists some families whose low level of parental control derives from an ideological orientation

that is based on trust, democracy, and indulgence (i.e. "indulgent permissiveness"), as well as those whose low level of control reflects a way of evading responsibilities for child rearing and development (i.e. "neglectful permissiveness"). In her recent work, Baumrind (1987) has included "unengaged parents" who are generally low in both support and firm control in her model of parenting patterns. Therefore, a fourfold typology of parenting styles was adopted in this project.

Children from authoritative homes have been found to fare better than their counterparts from permissive or authoritarian homes on a wide variety of measures of competence, achievement, social development, self-esteem, and mental health (Maccoby & Martin, 1983). More recent studies have employed various parenting types to explain differences in patterns of adolescent academic performance and psychosocial maturity (e.g. Dornbusch, Ritter, Liederman, Roberts, & Fraleigh, 1987; Steinberg, Elmen & Mounts, 1989) and generated similar findings as those on earlier age periods. Aside to the consistent findings that young people benefit most from authoritative parenting and least from neglectful parenting across various areas of adolescent development, youngsters with authoritarian parents are regarded as more compliant, less self-assured

and socially inept, and show lower rates of problem behavior than those with indulgent parents (Lamborn & Steinberg, 1993, Lamborn et al., 1991).

The present study attempted to test Maccoby and Martin's 2-dimensional framework specifically in the context of adolescent substance use and abuse. These four modes of parent-child interactions are described below in greater details:

*Authoritative* parents set clear rules and standards for the child's behavior but form expectations that are consistent with the child's capabilities. They encourage the child's independence and individuality, open communication between parents and children, and verbal give-and-take. These parents usually legitimate their authority through warmth and reasoning and are ready to listen to their children's feelings and opinions. Therefore, high levels of demandingness/control and responsiveness/warmth are two essential elements of authoritative parenting.

*Authoritarian* parents attempt to shape, control, and evaluate the behavior and attitudes of their children in accordance with an absolute set of standards; they emphasize unquestioned obedience, respect for authority, work, tradition, and the preservation of order; verbal give-and-take between parent and child is discouraged. Besides,



these parents tend to assert their power through discipline, including physical punishment and threats of punishment. They generally show a high demandingness/control and low responsiveness/warmth profile.

*Indulgent* parents are tolerant, nonthreatening, and accepting toward the child's impulses. They use as little punishment or discipline as possible, make few demands for mature behavior, and allow their children to regulate their own behavior and to make their own decisions. They also avoid the exercise of control, and do not insist that the child obeys externally defined standards. In other words, their responsiveness/warmth is high whereas demandingness/control is low.

*Neglectful* parents try to minimize the time and energy that they must devote to interacting with the child. They rarely converse with their child. They know little about the child's activities and whereabouts, and show little interest in the child's experiences at school or with friends. Generally speaking, these parents tend to structure their home life primarily around their own needs. They are low in both responsiveness/warmth and demandingness/control dimensions.

Results from Lamborn et al.'s (1991) study indicated that adolescents who characterized their parents as

authoritative scored lowest on drug and alcohol use, and other problem behavior measures while the reverse was true for those from neglectful households. Besides, substance use was also more prevalent among indulgently reared youngsters than among their peers from authoritarian families and the authors therefore proposed that parental control or monitoring deterred antisocial activities. One-year follow-up also showed sustained differences in adjustment across the four parenting groups (Steinberg et al., 1994).

Similar findings were reported in Dornbusch et al.'s (1985) work on the interrelationships among family structure, patterns of family decision making and deviant behavior among adolescents. They employed the decision-making measures to differentiate Baumrind's three typologies of parenting. Accordingly, authoritarian parents restricted decision-making to themselves only whereas authoritative parents engaged in joint decision-making, and permissive parents gave the youth freedom to make decisions alone. Like Lamborn et al. (1991), these researchers found a strong association between loose family decision-making patterns (i.e. permissive parenting) and youth involvement in deviance both inside and outside school (e.g. smoking regularly, truancy, or delinquency).

Furthermore, Coombs and Lansverk (1988) confirmed that parents who set clear limits and conduct rules experienced greater success in preventing alcohol and other drug use among their children. Congruent with previous research, adolescents from permissive, uninvolved homes used alcohol and/or other drugs more frequently. Therefore, it seems that parental disciplines or firm control are both necessary and desirable for inhibiting substance use in adolescence. Since the influence of parenting styles varies with social milieu in which the family is embedded (Darling & Steinberg, 1993), it is important to explore if authoritative and authoritarian parents are still more effective than indulgent and neglectful parents in deterring adolescent substance use/abuse in a Chinese society. In fact, a local study was carried out to explore the relationship between these four parenting styles and various domains of adolescent development such as academic achievement, psychosocial maturity, and self-esteem (BGCA, 1994). The findings were basically compatible with those reported in the western literature and suggested that the parenting style index devised by Lamborn et al. (1991) was a valid instrument for use in Hong Kong. Nonetheless, the relationship between parenting styles and adolescent substance use remains unexamined in this local project.



### *Index of Psychosocial Development - Sense of Autonomy*

Steinberg et al. (1989) pointed out that psychosocial maturity during adolescence largely stemmed from a healthy sense of autonomy. Three aspects of autonomy had been identified by Steinberg and Silverberg (1986), namely resistance to peer pressure, emotional autonomy vis-a-vis parents, and subjective sense of self-reliance. To date, few studies were done to investigate the relationships between the latter two types of autonomy and teenage substance use.

Research has widely identified peer influence (modeling use, provision of substances, and encouraging use) as one of the major contributing factors (e.g. Halebsky, 1987; Newcomb & Bentler, 1989). Swisher, Warner, & Herr (1972) indicated that of all the psychosocial correlates of drug use, the most prominent was the relationship between an individual's use of drugs and the drug-taking behavior of peers. The reported correlations were also consistent across all drug categories including smoking, drinking (Kandel, Kessler, & Margulies, 1978), and the consumption of illegal substances (Kandel, 1974a, 1974b). But not everyone with drug-taking peers uses drugs. Dielman et al. (1987) found that for fifth and sixth grade students, susceptibility to peer pressure was significantly and positively correlated with



the use of alcohol, marijuana, and cigarettes, and intentions to use these substance. Wong (1994) also reported the significant role of susceptibility to peer influence in predicting various drug use for older local adolescents. Based on these findings, this type of autonomy from peers was included in the current study.

Emotional autonomy vis-a-vis parents is defined as "the development of mature, realistic, and balanced perceptions of parents that accompanies the acceptance of primary responsibility for personal decision making, values, and emotional stability (Lamborn & Steinberg, p.64, 1993). In their study, Lamborn and Steinberg (1993) found that emotional autonomy in the context of a supportive adolescent-parent relationship was associated with such positive outcomes as academic and social competence. In spite of these favorable outcomes, youngsters with high emotional autonomy from parents also reported higher rates of problem behavior such as drug use and school misconduct. In particular, high emotional autonomy, when coupled with unsupportive parent-adolescent relationship, resulted in even more problematic adjustment, including serious delinquent activities and internal distress.

Self-reliance also constitutes another aspect of adolescent autonomy, which is defined as the self-reported

confidence in decision-making and self-governance (Greenberger, 1984). It is also one element of psychosocial maturity and is composed of (1) an absence of excessive dependency on others, (2) a sense of control over one's life, and (3) initiative (Greenberger & Sorensen, 1974). In the literature of adolescent substance use, it is still unclear as to whether non-drug users are abstinent because they remain emotionally attached to their parents, which increases their resistance to antisocial peer pressure, or because they have developed good self-reliance to make sensible decisions and social judgment, which may also inhibit drug use (Bailey & Hubbard, 1990).

#### *Relationship with other concurrent psychiatric symptoms*

In their longitudinal project, Boyle et al. (1992) found a statistically significant relationship between conduct disorder (which was mainly measured by physical aggression and violation of social norms) in early adolescence and use of marijuana and hard drugs in late adolescence. Moreover, a linear association was noted between use of tobacco and alcohol and conduct disorder in another study by Boyle and Offord (1991). Even after partialling the effects of early substance use, the relation between nondrug-related delinquency and later substance use

still remained significant (Windle, 1990). This consistently robust relationship between conduct disorder and substance use warranted inclusion of measures of this disorder in research on the predictors of teenage drug use.

With respect to the relationship between depression and substance use, Jacobs & Ghodes (1987) revealed that adolescent male solvent abusers were more depressed than nonabusers. In addition, Windle and Miller (1990) reported that depressive symptoms predicted later problem drinking, and problem drinking predicted subsequent depression. In their study, Greenbaum et al. (1991) again reported a high prevalence of substance abuse among youngsters with serious emotional disturbances. Furthermore, some evidence also suggested that shyness coexistent with aggression was associated with higher levels of substance use and antisocial activities among men (e.g. Caspi et al., 1988). In the current research, the predictive power of comorbid internalizing and externalizing problem behaviors on adolescent substance use was explored simultaneously. Their effects as a function of gender were also investigated.

#### *Outcome variables*

Kandel et al. (1975) proposed a model of drug use that typically included the following stages: (a) no use of any



drug, (b) use of legal drugs (i.e. cigarettes and/or alcohol), (c) use of minor illicit drugs (e.g. marijuana), and (d) use of other serious illegal hard drugs (e.g. heroin, cocaine). Since the sequence of drug use was likely to begin with licit substances (gateway drugs), the present study attempted to encompass a wider phenomenon of drug use so that different types of legal and illegal drugs were included.

According to the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) (DSM-IV), substance abuse is defined as significant impairment as a result of recurrent substance use, as manifested by one (or more) of the following occurring within a 12-month period: 1) failure to fulfill major role obligations at school, work, or home; 2) involvement in physically hazardous situations; 3) legal problems (e.g. police arrests); and 4) continued substance use despite having persistent social or interpersonal problems. Thus, in addition to drug use frequency, these criteria measures were included to provide another means to assess the extent of substance abuse.

### *Research Questions*

In sum, the present research was designed to address the following major issues:

1. What is the relationship between parenting styles and adolescent substance use/abuse in Hong Kong?

2. What is the relative predictive power of emotional autonomy vis-a-vis parents, susceptibility to peer pressure, and self-reliance for teenage drug use?

3. What is the relative importance of comorbid externalizing and internalizing problems in predicting substance use and misuse?

4. What is the relative and unique contribution of the above family/parenting variables, indices of psychosocial development, and concurrent psychopathology for adolescent substance use?

Finally, based on previous findings that heavier drug use was reported among more socially disadvantaged groups (e.g. Newcomb & Bentler, 1989), the relationship between social structural variables and teenage substance use was also examined.

## CHAPTER II

### Method

#### *Subjects*

The present study included a school sample ( $N = 539$ ) of Form 3 to Form 5 adolescents and a clinical sample ( $N = 279$ ) of adolescents seeking drug addiction treatment. Three secondary schools, ranging from Band 2 to Band 5 were selected by means of nonprobability convenient sampling method. The clinical sample was drawn from various sources including two drug addiction treatment centers of the Hong Kong Correctional Services Department and seven local voluntary rehabilitation centers for young drug abusers.

As shown in Table 1, among the school participants, 48.9% were male and 51.1% were female, whereas the treatment group consisted of 75.6% boys and 24.4% girls ( $\chi^2 = 53.9$ ,  $p < .0001$ ). In addition to significant difference in sex ratio among the two samples, significant age difference was found with the school participants younger than the clinical ones ( $F[1, 806] = 689.56$ ,  $p < .001$ ) (See Table 2). Comparisons of other demographic characteristics, including parental education and living arrangement, were listed in Table 1. The clinical subjects seemed to come from a more disadvantaged social background than their counterparts.



Table 1

Comparison of Demographic Characteristics : Number of Participants  
Broken Down by Institution

|                           | School Sample<br>n=539<br>(65.9%) | Clinical Sample<br>n=279<br>(34.1%) | Total Sample<br>n=818<br>(100%) | $\chi^2$ |
|---------------------------|-----------------------------------|-------------------------------------|---------------------------------|----------|
| a) Sex                    |                                   |                                     |                                 |          |
| Male                      | 262 (48.9%)                       | 211 (75.6%)                         | 473 (58%)                       | 53.90*   |
| Female                    | 274 (51.1%)                       | 68 (24.4%)                          | 342 (42%)                       |          |
| Total                     | 536 (100%)                        | 279 (100%)                          | 815 (100%)                      |          |
|                           | Missing=3                         | Missing=0                           | Missing=3                       |          |
| b) Living Arrangement     |                                   |                                     |                                 |          |
| Intact <sup>a</sup>       | 465 (86.4%)                       | 168 (61.8%)                         | 633 (78.1%)                     | 64.37**  |
| Non-intact <sup>b</sup>   | 73 (13.6%)                        | 104 (38.2%)                         | 177 (21.9%)                     |          |
| Total                     | 538 (100%)                        | 272 (100%)                          | 810 (100%)                      |          |
|                           | Missing=1                         | Missing=7                           | Missing=8                       |          |
| c) Father Education Level |                                   |                                     |                                 |          |
| No schooling              | 26 (5.0%)                         | 34 (13.2%)                          | 60 (7.8%)                       | 29.16**  |
| Primary                   | 223 (43.2%)                       | 134 (51.9%)                         | 357 (46.1%)                     |          |
| Secondary                 | 246 (47.7%)                       | 86 (33.3%)                          | 332 (42.9%)                     |          |
| Tertiary                  | 21 (4.1%)                         | 4 (1.6%)                            | 25 (3.2%)                       |          |
| Total                     | 516 (100%)                        | 258 (100%)                          | 774 (100%)                      |          |
|                           | Missing=23                        | Missing=21                          | Missing=44                      |          |
| d) Mother Education Level |                                   |                                     |                                 |          |
| No schooling              | 41 (7.9%)                         | 54 (21.0%)                          | 95 (12.3%)                      | 29.92**  |
| Primary                   | 284 (54.9%)                       | 134 (52.1%)                         | 418 (54.0%)                     |          |
| Secondary                 | 183 (35.4%)                       | 67 (26.1%)                          | 250 (32.3%)                     |          |
| Tertiary                  | 9 (1.7%)                          | 2 (0.8%)                            | 11 (1.4%)                       |          |
| Total                     | 517 (100%)                        | 257 (100%)                          | 774 (100%)                      |          |
|                           | Missing=22                        | Missing=22                          | Missing=44                      |          |

Note. \*\*p<.001

<sup>a</sup> intact means living with both parents

<sup>b</sup> non-intact means not living with both parents



## Measures

*Demographic variables.* A brief demographic inventory, including such items as subjects' sex, age, educational level, living arrangement, family financial conditions, and crime rate of their community was constructed by the researcher. For some items, respondents in the clinical sample were asked to report according to their situation shortly before their admission to the drug addiction treatment centers. Scores from 6 items (living arrangement, family economic situations, community crime rate, number of family members, father and mother educational level) were first transformed into z scores and then summed up to yield a separate Family Adversities score. High score means more disadvantaged family or social background.

*Social Desirability.* A 12-item Lie Scale from the Eysenck Personality Questionnaire (revised version) was used for measuring the subjects' tendency to give socially desirable responses in self-description (i.e. "faking good"). This short scale is a true-false format and a total score is obtained by tallying the number of responses in the keyed direction. The EPQ has been translated into Chinese and Cronbach's alpha coefficient

Table 2

Mean Age Broken Down by Institution and Sex

|                 | Male               | Female             | Subtotal           |
|-----------------|--------------------|--------------------|--------------------|
| School Sample   | 15.47<br>(SD=1.20) | 15.49<br>(SD=1.62) | 15.48<br>(SD=1.15) |
| Clinical Sample | 18.26<br>(SD=1.71) | 18.57<br>(SD=1.61) | 18.33<br>(SD=1.69) |
| Subtotal        | 16.71<br>(SD=2.01) | 16.11<br>(SD=1.74) | 16.46<br>(SD=1.92) |

of the Lie Scale was found to be .73 in the Hong Kong adolescent sample (So, 1994). High score was interpreted as greater tendency to present oneself in a favorable light.

*Parenting Style.* The index of parenting style developed by Lamborn et al. (1991) was employed for this project. As reported in their study, the authors first took and adapted a number of items from existing parenting measures (e.g. Dornbusch et al., 1985; Patterson & Stouthamer-Loeber, 1984) and later exploratory factor analyses yielded three factors which are consistent with other indices of parenting practices (e.g. Steinberg, 1990). The three factors emerged are acceptance/involvement, strictness/supervision, and psychological autonomy. The first two dimensions are comparable to Maccoby and Martin's (1983) responsiveness and demandingness respectively. Those items on the psychological autonomy dimension (which assess the extent to which parents employ noncoercive, democratic discipline within the family) were not selected because they are not very important in differentiating among various family groups (Lamborn et al., 1991). Therefore, in this study, two scales consisting of 19

items altogether were used to assign adolescents' families to one of the four groups, namely authoritative, authoritarian, indulgent, and neglectful families. The acceptance/involvement scale measures the extent to which the adolescent perceives his/her parents as loving, responsive, and involved ( $\alpha = .72$ ). The strictness/supervision factor assesses parental monitoring and supervision of the adolescent ( $\alpha = .76$ ). For each of these scales, several of the items are in a true/false format, while others are Likert-scaled on the three-point scale. The Cronbach's alpha was reported to be .71 for the involvement scale and .73 for the supervision scale in the local Chinese sample (BGCA, 1994).

*Emotional Autonomy.* The measure of emotional autonomy was developed by Steinberg and Silverberg (1986). Blo's (1979) perspective on individuation had been used as a guiding theoretical framework, which consists of four components: perceives parents as people, parental deidealization, nondependency on parents, and individuation. After the process of internal consistency and exploratory factor analyses, four subscales with a total of 20 items were constructed



corresponding to the above-mentioned theoretically generated categories: perceives parents as people (six items,  $\alpha = .61$ ; parental deidealization (five items,  $\alpha = .63$ ); nondependency on parents (four items,  $\alpha = .51$ ); and individuation (five items,  $\alpha = .60$ ). The internal consistency of the overall measure was reported to be .75. These twenty items were presented as declarative statements, and youngsters were required to indicate their degree of agreement with each item on a four-point scale ranging from "strongly agree" (1) to "strongly disagree" (4). High score denotes greater emotional autonomy in relation to parents.

*Susceptibility to peer pressure.* The measure of susceptibility to peer pressure was adapted from Berndt's (1979) studies of conformity. The respondents were presented with ten dilemmas describing antisocial situations (e.g. vandalism, cheating on an exam, stealing) in which their peers encouraged their participation. They were then asked to indicate the likelihood of following their friends' acts. In the current study, some items were replaced by situations that are more applicable to the local context. The internal consistency of the original measure, as

reported in Steinberg's work on latchkey children (1986), was .85.

*Subjective sense of self-reliance.* The self-reliance subscale of the Psychosocial Maturity Inventory (Form D) (Greenberger et al., 1974) was used to assess this aspect of autonomy. The self-reliance subscale measures three-related characteristics: the absence of excessive dependence on others, a sense of control over one's life, and initiative. It is composed of 10 items and has been reported to have adequate internal consistency ( $\alpha = .76$ ) and test-retest reliability (Greenberger & Bond, 1976).

*Comorbid psychopathology.* The Achenbach (1991) Youth Self-Report (YSR) is a symptom checklist to be filled out by youths between the age of 11 and 18. It is tailored for establishing an empirically based classification system of child and adolescent psychopathology. Only the broad-band syndrome scales of the YSR, which consist of Internalizing and Externalizing scales, were selected for this study. The Internalizing and Externalizing symptoms are subdivided into 5 scales, which are titled Withdrawn, Somatic

Complaints, Anxious/Depressed, Delinquent Behavior, and Aggressive Behavior. The short-term test-retest reliabilities (1 week) of these 5 subscales for the combined male and female sample ranged from .65 to .81 whereas the internal consistency spanned from  $\alpha = .59$  to  $\alpha = .86$  (Achenbach, 1991).

*Substance use behavior.* Drug use frequency measures were borrowed from Wong (1994). They were obtained for altogether 10 drug categories: licit substances (cigarettes and alcohol) as well as illicit substances (cough medicine, organic solvents, marijuana, heroin, tranquilizers, stimulants, depressants, and narcotics). Drug use frequency over the preceding 6 months was rated on a 7-point anchored scales with Never(1), No more than once a month(2), Two or three times a month(3), Once a week(4), 2-6 times a week(5), Once a day(6), More than once a day(7). For some of the present analyses, substance use items were summed into three scales: licit drug use (cigarettes and alcohol), illicit drug use (cough medicine, organic solvents, marijuana, heroin, stimulants, tranquilizers, narcotics, and depressants) as well as total drug use (a composite score for usage of all types of drugs).



*Adverse consequences of drug use.* Four items were constructed to match with the criteria of drug abuse in DSM-IV. Participants were asked to rate how often they experienced these impairments. High score (summation of 4 item scores) would indicate a higher likelihood of drug abuse.

### *Procedure*

Data were collected via a self-report questionnaire battery administered to the youngsters participating in the project. Permission from the principals for the school sample and from the relevant authorities for the clinical sample was sought in advance. All the respondents were explained the purposes of the study before administration in a standardized format and researcher/research assistants were available to answer questions they had during the process. In order to make the self-report data more reliable and valid, subjects were assured that their responses would be kept confidential. Besides, their teachers, parents, or other authorities would not have access to the information given and they would only be identified by the numbers assigned.

## CHAPTER III

### Results

#### *Internal Consistency of Measures*

Table 3 shows the Cronbach's alpha coefficients for the inventories used in the study. In general, the reliability estimates for most measures were compatible with those reported in previous studies and were adequate for research purpose. Only the alpha coefficient of the Self-reliance Scale was below 0.5, which was lower than that reported elsewhere ( $\alpha = .76$ ). Hence, results of analyses involving this scale should be interpreted with caution.

#### *Prevalence and Frequency of Drug Use*

The prevalence of each drug use behavior over the 6 months preceding administration of the questionnaire is reported in Table 4 for both samples. (Since some participants in the clinical group had received treatment for more than 6 months and in those cases, they were instructed to report their drug use frequency during the previous 6 months before onset of treatment). As expected, chi-square analyses on the mean prevalence rates between the two samples were statistically significant for all drug use measures.

Table 3

## Internal Consistency of Measures

| Measure          | Cronbach's Alpha ( $\alpha$ ) |
|------------------|-------------------------------|
| Lie              | .67                           |
| PI               | .76                           |
| PS               | .69                           |
| EA               | .65                           |
| SPP              | .90                           |
| Reli             | .48 <sup>a</sup>              |
| Problem Behavior |                               |
| a) Externalizing | .93                           |
| Delinq           | .85                           |
| Agg              | .90                           |
| b) Internalizing | .92                           |
| Withd            | .77                           |
| Somat            | .78                           |
| Anxdep           | .90                           |
| Conseq           | .89                           |

Note. Missing cases were deleted listwise.

Variable labels - Lie = Short-form Lie Scale from Eysenck Personality Questionnaire (revised version); Adver = Measure for Family Adversities; PI = Parental Involvement Scale; PS = Parental Supervision Scale; EA = Emotional Autonomy Scale; SPP = Susceptibility to Peer Pressure Scale; Reli = Self-reliance Scale; Externalizing = Externalizing Problems Scale from Achenbach's Youth Self-Report; Delinq = Delinquent Behavior Subscale; Agg = Aggressive Behavior Subscale; Internalizing = Internalizing Problems Scale from Achenbach's Youth Self-Report; Withd = Withdrawn Subscale; Somat = Somatic Complaints Subscale; Anxdep = Anxious/Depressed Subscale; Conseq = Adverse consequences of drug use (measure of extent of drug abuse from DSM-IV

<sup>a</sup> -  $\alpha$  is determined by 8 items of the 10-item scale because the 2 deleted items were found to be unreliable.

Table 4

Number of Substance Users and Mean Prevalence Rates Broken Down by Institution

|                  | School Sample<br>(n=539)    | Clinical Sample<br>(n=279) | $\chi^2$ |
|------------------|-----------------------------|----------------------------|----------|
| Cigarette        | 113 <sup>a</sup><br>(21.0%) | 277<br>(99.6%)             | 455.03** |
| Alcohol          | 279<br>(51.9%) <sup>b</sup> | 242<br>(87.4%)             | 99.96**  |
| Cough Medicine   | 10<br>(1.9%)                | 171<br>(61.7%)             | 379.43** |
| Organic Solvents | 16<br>(3.0%)                | 72<br>(25.8%)              | 99.66**  |
| Marijuana        | 13<br>(2.4%)                | 217<br>(78.3%)             | 521.11** |
| Heroin           | 5<br>(0.9%)                 | 273<br>(98.2%)             | 773.06** |
| Tranquilizers    | 7<br>(1.3%)                 | 177<br>(63.9%)             | 410.56** |
| Stimulants       | 3<br>(0.6%)                 | 114<br>(40.9%)             | 243.63** |
| Depressants      | 3<br>(0.6%)                 | 101<br>(36.2%)             | 210.47** |
| Narcotics        | 5<br>(0.9%)                 | 131<br>(47.0%)             | 280.95** |

Note. \*\*p<.001

<sup>a</sup> - Number of participants who had used each drug category over the previous 6 month

<sup>b</sup> - Percentage of participants/mean prevalence rates



Consistent with data reported by Wong (1994), alcohol was more widely used than cigarettes by the school sample, presumably because of its popularity (e.g. beer) in many social functions. For illicit substance use, the prevalence rates remained low, ranging from 0.6% to 3.0%. In the clinical sample, nearly all participants had used cigarettes and heroin before their treatment, and marijuana ranked the second most popular illicit drug category.

Table 5 further summarizes the proportion of male and female adolescents who used each of the 10 drug categories separately for school and clinical subjects. To minimize the Type I error rate due to multiple comparisons, the alpha level for statistical significance was set at .01 in the chi-square analyses. No significant sex differences in the proportion of drug users in each drug type, with the exception of marijuana use in the school sample. Significantly more male students (4.2%) consumed marijuana than female students (0.7%) during the 6 months preceding survey administration.

Results from two-way analysis of variance (ANOVA) indicated significant Sex x Institution interaction effects on alcohol, licit drug use frequency, and

Table 5

Number of Substance Users and Mean Prevalence Rates Broken Down by Institution and Sex

|                  | School Sample   |                             |          | Clinical Sample |                  |          |
|------------------|-----------------|-----------------------------|----------|-----------------|------------------|----------|
|                  | Male<br>(n=274) | Female<br>(n=262)           | $\chi^2$ | Male<br>(n=211) | Female<br>(n=68) | $\chi^2$ |
| Cigarette        | 64<br>(24.4%)   | 48 <sup>a</sup><br>(17.5%)  | 3.87     | 209<br>(99.5%)  | 68<br>(100%)     | 0.32     |
| Alcohol          | 145<br>(55.3%)  | 132<br>(48.4%) <sup>b</sup> | 2.62     | 180<br>(86.1%)  | 62<br>(91.2%)    | 1.19     |
| Cough Medicine   | 5<br>(1.9%)     | 5<br>(1.8%)                 | 0.00     | 132<br>(63.2%)  | 39<br>(57.4%)    | 0.73     |
| Organic Solvents | 8<br>(3.1%)     | 8<br>(2.9%)                 | 0.01     | 60<br>(28.4%)   | 12<br>(17.6%)    | 3.13     |
| Marijuana        | 11<br>(4.2%)    | 2<br>(0.7%)                 | 6.81**   | 161<br>(77.0%)  | 56<br>(82.4%)    | 0.86     |
| Heroin           | 3<br>(1.1%)     | 2<br>(0.7%)                 | 0.25     | 206<br>(98.1%)  | 67<br>(98.5%)    | 0.05     |
| Tranquilizers    | 2<br>(0.8%)     | 5<br>(1.8%)                 | 1.17     | 130<br>(62.2%)  | 47<br>(69.1%)    | 1.06     |
| Stimulants       | 1<br>(0.4%)     | 2<br>(0.7%)                 | 0.29     | 83<br>(39.3%)   | 31<br>(45.6%)    | 0.83     |
| Depressants      | 1<br>(0.4%)     | 2<br>(0.7%)                 | 0.29     | 73<br>(34.6%)   | 28<br>(41.2%)    | 0.96     |
| Narcotics        | 2<br>(0.8%)     | 3<br>(1.1%)                 | 0.16     | 101<br>(47.9%)  | 30<br>(44.1%)    | 0.29     |

Note. \*\*p<.01

<sup>a</sup> - Number of participants who had used each drug category over the previous 6 months

<sup>b</sup> - Percentage of participants /mean prevalence rates

negative consequences of recurrent drug use. As denoted in Table 6, girls in the clinical sample used more alcohol ( $F[1,808] = 31.17, p < .01$ ) and licit drugs in general ( $F[1,808] = 23.35, p < .01$ ) than boys in the clinical sample, whereas the reverse is true for the school sample. Although female treatment receivers reported more total drug use, they experienced adverse consequences from recurrent drug use to a lesser extent than their male counterparts, while no gender difference was reported on this measure in the school sample ( $F[1,811] = 7.36, p < .01$ ). In addition, clinical participants also used substances of any kind more frequently than school students.

#### *Means Comparisons for Predictor Variables*

Table 7 presents the means and standard deviations of predictor variables for each study sample. Significant main effects of institution or gender were obtained on all predictor measures except the Parental Involvement Scale and Emotional Autonomy Scale. Overall, female youngsters admitted significantly fewer minor faults, received more parental supervision, and displayed greater self-reliance. Boys were found to be more susceptible to bad peer influence and to exhibit



Table 6

Means and Standard Deviations of Outcome Variables Broken Down by Institution and Sex

|                  | School Sample      |                    | Clinical Sample    |                    | F <sup>a</sup> |
|------------------|--------------------|--------------------|--------------------|--------------------|----------------|
|                  | Male<br>(n=262)    | Female<br>(n=274)  | Male<br>(n=211)    | Female<br>(n=68)   |                |
| Cigarette        | 2.06<br>(SD=2.10)  | 1.59<br>(SD=1.53)  | 6.75<br>(SD=0.83)  | 6.93<br>(SD=0.26)  | 6.53           |
| Alcohol          | 2.15<br>(SD=1.45)  | 1.75<br>(SD=1.04)  | 3.44<br>(SD=1.69)  | 4.35<br>(SD=1.83)  | 31.17**        |
| Cough Medicine   | 1.02<br>(SD=0.17)  | 1.02<br>(SD=0.17)  | 3.01<br>(SD=2.13)  | 2.69<br>(SD=1.97)  | 2.56           |
| Organic Solvents | 1.05<br>(SD=0.31)  | 1.05<br>(SD=0.32)  | 1.56<br>(SD=1.20)  | 1.47<br>(SD=1.31)  | 0.48           |
| Marijuana        | 1.06<br>(SD=0.33)  | 1.02<br>(SD=0.22)  | 3.12<br>(SD=1.89)  | 3.12<br>(SD=1.67)  | 0.04           |
| Heroin           | 1.03<br>(SD=0.32)  | 1.02<br>(SD=0.22)  | 6.43<br>(SD=1.17)  | 6.68<br>(SD=1.13)  | 4.62           |
| Tranquilizers    | 1.01<br>(SD=0.09)  | 1.04<br>(SD=0.37)  | 2.82<br>(SD=1.97)  | 2.99<br>(SD=2.00)  | 0.46           |
| Stimulants       | 1.00<br>(SD=0.06)  | 1.03<br>(SD=0.35)  | 2.01<br>(SD=1.66)  | 2.12<br>(SD=1.54)  | 0.27           |
| Depressants      | 1.00<br>(SD=0.06)  | 1.03<br>(SD=0.30)  | 1.80<br>(SD=1.41)  | 1.94<br>(SD=1.47)  | 0.78           |
| Narcotics        | 1.02<br>(SD=0.20)  | 1.03<br>(SD=0.36)  | 2.22<br>(SD=1.74)  | 2.15<br>(SD=1.70)  | 0.30           |
| Licit Drug Use   | 4.21<br>(SD=3.14)  | 3.34<br>(SD=2.20)  | 10.19<br>(SD=2.00) | 11.28<br>(SD=1.85) | 23.35**        |
| Illicit Drug Use | 8.19<br>(SD=0.80)  | 8.24<br>(SD=1.71)  | 23.00<br>(SD=8.83) | 23.15<br>(SD=8.61) | 0.01           |
| Total Drug Use   | 12.40<br>(SD=3.56) | 11.57<br>(SD=3.31) | 33.20<br>(SD=9.81) | 34.43<br>(SD=9.58) | 3.89           |
| Consequences     | 4.17<br>(SD=0.69)  | 4.13<br>(SD=0.65)  | 10.96<br>(SD=2.92) | 10.28<br>(SD=2.02) | 7.36**         |

Note. <sup>a</sup> - F values are obtained from 2-way ANOVA (Sex x Institution) analyses

\*\*p<.01



Table 7

Means and Standard Deviations of Predictor Variables Broken Down by Institution and Sex

|                                    | School Sample       |                     | Clinical Sample     |                     | F <sup>a</sup> |
|------------------------------------|---------------------|---------------------|---------------------|---------------------|----------------|
|                                    | Male<br>(n=262)     | Female<br>(n=274)   | Male<br>(n=211)     | Female<br>(n=68)    |                |
| Lie                                | 15.67<br>(SD=2.39)  | 16.43<br>(SD=2.40)  | 14.86<br>(SD=2.22)  | 15.86<br>(SD=2.59)  | 0.37           |
| Family<br>Adversities              | -0.04<br>(SD=2.72)  | -0.06<br>(SD=2.81)  | -0.25<br>(SD=2.37)  | -0.03<br>(SD=2.67)  | 0.44           |
| Parental<br>Involvement            | 17.42<br>(SD=3.22)  | 18.05<br>(SD=3.11)  | 18.13<br>(SD=3.18)  | 17.76<br>(SD=3.65)  | 3.50           |
| Parental<br>Supervision            | 22.24<br>(SD=6.48)  | 25.12<br>(SD=6.02)  | 16.30<br>(SD=3.47)  | 16.88<br>(SD=4.23)  | 6.43*          |
| Emotional<br>Autonomy              | 53.53<br>(SD=5.56)  | 53.76<br>(SD=5.97)  | 53.75<br>(SD=4.51)  | 53.39<br>(SD=5.16)  | 0.42           |
| Susceptibility<br>to Peer Pressure | 18.11<br>(SD=6.19)  | 15.22<br>(SD=5.12)  | 25.63<br>(SD=5.74)  | 21.76<br>(SD=5.33)  | 1.11           |
| Self-reliance                      | 21.88<br>(SD=2.82)  | 22.19<br>(SD=2.79)  | 21.33<br>(SD=2.53)  | 21.98<br>(SD=2.49)  | 0.59           |
| Externalizing<br>Problems          | 43.25<br>(SD=8.80)  | 41.40<br>(SD=7.20)  | 56.04<br>(SD=11.72) | 52.82<br>(SD=11.15) | 0.78           |
| Internalizing<br>Problems          | 47.08<br>(SD=10.43) | 48.49<br>(SD=11.09) | 53.16<br>(SD=11.57) | 54.46<br>(SD=9.99)  | 0.00           |

Note. <sup>a</sup> - F values are obtained from 2-way ANOVA (Sex x Institution) analyses

\*p<.05

more externalizing problem behavior. For the clinical group, in addition to greater manifestation of externalizing and internalizing problem behavior, they were also more susceptible to peer pressure, and subject to more family adversities and less parental supervision. Two-way ANOVA results showed that girls in the school sample scored higher than their male counterparts on the Parental Supervision Scale whereas both gender groups in the clinical sample had similar scores ( $F[1,807] = 6.43, p < .05$ ).

#### *Correlations Between Predictors and Outcome Measures*

Pearson correlations were computed between all the variables employed in this research, as outlined in Table 8. As predicted, social desirability (Lie), family adversities (Adver), parental supervision (PS), susceptibility to antisocial peer pressure (SPP), externalizing (Ext) and internalizing (Int) problem behaviors all correlated significantly with various drug use measures, including licit, illicit, total drug use frequency, and adverse consequences of drug use. The size of these correlations spanned from ( $r = -.21$ ) to

Table 8

Pearson-moment Intercorrelation Matrix of Predictor Variables and Outcome Variables (Entire Sample)

|            | 1      | 2      | 3      | 4      | 5     | 6      | 7      | 8     | 9     | 10    | 11    | 12    | 13 |
|------------|--------|--------|--------|--------|-------|--------|--------|-------|-------|-------|-------|-------|----|
| 1. Lie     | -      |        |        |        |       |        |        |       |       |       |       |       |    |
| 2. Adver   | -.13** | -      |        |        |       |        |        |       |       |       |       |       |    |
| 3. PI      | .13**  | -.17** | -      |        |       |        |        |       |       |       |       |       |    |
| 4. PS      | .27**  | -.26** | .30**  | -      |       |        |        |       |       |       |       |       |    |
| 5. EA      | -.29** | .18**  | -.47** | -.25** | -     |        |        |       |       |       |       |       |    |
| 6. SPP     | -.36** | .25**  | -.08*  | -.52** | .26** | -      |        |       |       |       |       |       |    |
| 7. Reli    | .04    | -.09*  | -.02   | .02    | .02   | -.16** | -      |       |       |       |       |       |    |
| 8. Ext     | -.42** | .29**  | -.09*  | -.42** | .30** | .59**  | -.13** | -     |       |       |       |       |    |
| 9. Int     | -.17** | .27**  | -.09*  | -.10*  | .26** | .20**  | -.13** | .53** | -     |       |       |       |    |
| 10. Idrug  | -.23** | .25**  | -.04   | -.59** | .13** | .63**  | -.08   | .56** | .21** | -     |       |       |    |
| 11. Idrug  | -.21** | .26**  | .01    | -.46** | .05   | .51**  | -.08   | .55** | .22** | .72** | -     |       |    |
| 12. Drug   | -.23** | .27**  | -.01   | -.53** | .08   | .59**  | -.09   | .59** | .23** | .86** | .97** | -     |    |
| 13. Conseq | -.23** | .29**  | .00    | -.51** | .06   | .57**  | -.09*  | .57** | .26** | .76** | .80** | .84** | -  |

Note : \*p<.05; \*\*p<.001

Variable labels - Lie = Short-form Lie Scale from Eysenck Personality Questionnaire (revised version); Adver = Measure for Family Adversities; PI = Parental Involvement Scale; PS = Parental Supervision Scale; EA = Emotional Autonomy Scale; SPP = Susceptibility to Peer Pressure Scale; Reli = Self-reliance Scale; Ext = Externalizing Problems Scale from Achenbach's Youth Self-Report; Int = Internalizing Problems Scale from Achenbach's Youth Self-Report; Idrug = Licit drug use in the previous 6 months; Idrug = Illicit drug use in the previous 6 months; Drug = Total drug use in the previous 6 months; Conseq = Adverse consequences of drug use (measure of extent of drug abuse from DSM-IV).



( $r = .63$ ), with more variance explained by PS, SPP, and Ext scales.

Lie and Adver scales maintained fairly low, yet significant, associations with almost all other predictors. For the two scales used for differentiating parenting styles, parental supervision was moderately correlated with parental involvement. Consistent with the literature, high emotional autonomy vis-a-vis parents was significantly associated with high susceptibility to peer pressure ( $r = .26$ ). Furthermore, the third aspect of autonomy, self-reliance was negatively and significantly correlated with susceptibility to peer pressure ( $r = -.16$ ) but had no significant relationship with emotional autonomy. Moderately high ( $r = .53$ ) correlation was found between externalizing and internalizing problem behavior scales.

The intercorrelations among all variables were further examined separately for each sample (see Table 9). The directions and patterns of associations in both school and clinical samples were similar, even though there were some variations in the magnitude of associations.



Table 9

Pearson-moment Intercorrelation Matrix of Predictor Variables and Outcome Variables Broken down by Institution

|            | 1      | 2      | 3      | 4      | 5      | 6      | 7      | 8      | 9     | 10     | 11    | 12    | 13     |
|------------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|-------|-------|--------|
| 1. Lie     | -      | -.02   | .20**  | .27**  | -.27** | -.27** | .03    | -.31** | -.04  | -.10   | -.16* | -.16* | -.25** |
| 2. Adver   | -.10*  | -      | -.17*  | -.18*  | .13*   | .16*   | -.05   | .13*   | .19*  | .11    | .05   | .07   | .08    |
| 3. PI      | .11*   | -.22** | -      | .40**  | -.44** | -.12*  | -.10   | -.16*  | -.11  | -.03   | -.04  | -.04  | -.09   |
| 4. PS      | .19**  | -.14*  | .39**  | -      | -.27** | -.27** | -.09   | -.20** | .05   | -.22** | -.15* | -.17* | -.09   |
| 5. EA      | -.30** | .23**  | -.48** | -.29** | -      | .25**  | .12    | .26**  | .10   | .05    | .12   | .12   | .16*   |
| 6. SPP     | -.34** | .09*   | -.13*  | -.36** | .33**  | -      | -.15*  | .38**  | .11   | .03    | .20** | .19*  | .27**  |
| 7. Reli    | .01    | .08    | .03    | -.02   | -.01   | -.13*  | -      | -.11   | .06   | .07    | .00   | .01   | -.03   |
| 8. Ext     | -.45** | .20**  | -.12*  | -.21** | .44**  | .46**  | -.08   | -      | .42** | .10    | .29** | .28** | .23**  |
| 9. Int     | -.18** | .24**  | -.10*  | .03    | .35**  | .08    | -.13** | .56**  | -     | .06    | .07   | .08   | .13*   |
| 10. Idrug  | -.16** | .02    | -.16** | -.38** | .26**  | .54**  | -.04   | .36**  | .03   | -      | .41** | .57** | .10    |
| 11. Idrug  | -.04   | .04    | -.10*  | -.13*  | .17**  | .20**  | -.11*  | .22**  | .12*  | .36**  | -     | .98** | .25**  |
| 12. Drug   | -.14** | .03    | -.16** | -.35** | .27**  | .51**  | -.07   | .38**  | .07   | .93**  | .67** | -     | .25**  |
| 13. Conseq | -.04   | .04    | -.15** | -.19** | .17**  | .20**  | .02    | .26**  | .12*  | .40**  | .46** | .50** | -      |

Note. Values above the diagonal are for clinical sample and those below

are for school sample; \*p<.05; \*\*p<.001

Variable labels - Lie = Short-form Lie Scale from Eysenck Personality Questionnaire (revised version); Adver = Measure for Family Adversities; PI = Parental Involvement Scale; PS = Parental Supervision Scale; EA = Emotional Autonomy Scale; SPP = Susceptibility to Peer Pressure Scale; Reli = Self-reliance Scale; Ext = Externalizing Problems Scale from Achenbach's Youth Self-Report; Int = Internalizing Problems Scale from Achenbach's Youth Self-Report; Idrug = Licit drug use in the previous 6 months; Idrug = Illicit drug use in the previous 6 months; Drug = Total drug use in the previous 6 months; Conseq = Adverse consequences of drug use (measure of extent of drug abuse from DSM-IV.

### *Relationships between Parenting Styles and Drug Use*

Following Lamborn et al.'s (1991) work, four parenting categories were defined by a tertile split procedure. As shown in Table 10, authoritative families (N=120) were those who scored in the upper tertiles on both Parental Involvement (PI) and Parental Supervision (PS) Scales, whereas neglectful families (N=148) were in the lowest tertiles on both scales. Authoritarian families (N=66) were in the lowest tertiles on PI but in the highest tertile on PS. Indulgent families (N=59) were in the highest tertiles on PI but in the lowest tertile on PS. Those who scored in the middle tertile on either variable were excluded from analyses and no significant difference was found on demographic characteristics (e.g. gender, age, family adversities, etc.) between the selected and excluded subjects.

Consistent with previous findings, ANOVAs and Scheffe post-hoc analyses showed that adolescents who perceived their parents as authoritative or authoritarian scored significantly lower on all drug use measures than those from indulgent or neglectful families. But no significant difference was found

Table 10

Frequency of 4 Parenting Style Groups, and Means and Standard Deviations on Measures of Parental Involvement and Parental Supervision

|             | Total         | Authoritative  | Authoritarian | Indulgent     | Neglectful     |
|-------------|---------------|----------------|---------------|---------------|----------------|
| Frequency   | 393<br>(100%) | 120<br>(30.5%) | 66<br>(16.8%) | 59<br>(15.0%) | 148<br>(37.7%) |
| Involvement |               |                |               |               |                |
| Mean        | 17.58         | 21.52          | 14.84         | 21.04         | 14.22          |
| SD          | 3.82          | 1.63           | 1.43          | 1.30          | 1.70           |
| Supervision |               |                |               |               |                |
| Mean        | 21.43         | 29.96          | 28.36         | 14.88         | 14.04          |
| SD          | 7.96          | 2.97           | 2.45          | 1.62          | 2.18           |

between authoritative and authoritarian parenting or between indulgent and neglectful parenting (see Table 11).

#### *Relationship between Parenting Styles and Other Predictors*

As summarized in Table 11, youngsters with authoritative parenting scored lowest on measures of emotional autonomy (EA), susceptibility to peer pressure (SPP), externalizing (Ext) and internalizing (Int) problems whereas those with neglectful parents obtained highest scores on these measures. Low scores on these measures denoted less emotional autonomy in relation to parents, less vulnerability to negative peer influence, as well as less externalizing and internalizing problem behavior. Adolescents from authoritarian homes scored significantly lower than those from indulgent families on SPP and Ext scales. But adolescents with authoritarian parenting were significantly more emotionally autonomous vis-a-vis parents. No significant group difference was found on self-reliance



Table 11

Means and Results of One-Way ANOVAs between Parenting Styles and Outcome Variables and other Predictor Variables

|                                    | Authoritative                               | Authoritarian                 | Indulgent                      | Neglectful                     | F       |
|------------------------------------|---------------------------------------------|-------------------------------|--------------------------------|--------------------------------|---------|
| Emotional<br>Autonomy              | 49.38 <sup>bcd</sup><br>(5.87) <sup>e</sup> | 55.78 <sup>ac</sup><br>(5.97) | 52.49 <sup>abd</sup><br>(4.83) | 56.08 <sup>ac</sup><br>(4.94)  | 37.80** |
| Susceptibility<br>to Peer Pressure | 14.46 <sup>cd</sup><br>(5.00)               | 15.08 <sup>cd</sup><br>(4.79) | 23.76 <sup>ab</sup><br>(6.04)  | 22.76 <sup>ab</sup><br>(6.70)  | 67.91** |
| Self-reliance                      | 22.30<br>(2.67)                             | 21.91<br>(3.16)               | 21.66<br>(2.80)                | 22.01<br>(2.73)                | .71     |
| Externalizing<br>Problems          | 39.99 <sup>cd</sup><br>(7.17)               | 43.33 <sup>cd</sup><br>(8.31) | 51.64 <sup>ab</sup><br>(12.11) | 51.31 <sup>ab</sup><br>(12.00) | 34.20** |
| Internalizing<br>Problems          | 46.96 <sup>d</sup><br>(11.05)               | 51.25<br>(12.28)              | 50.19<br>(12.37)               | 51.48 <sup>a</sup><br>(11.92)  | 3.48*   |
| Licit Drug Use<br>in 6 months      | 3.10 <sup>cd</sup><br>(2.09)                | 3.23 <sup>cd</sup><br>(2.15)  | 9.08 <sup>ab</sup><br>(3.31)   | 8.13 <sup>ab</sup><br>(3.82)   | 98.85** |
| Illicit Drug Use<br>in 6 months    | 8.43 <sup>cd</sup><br>(1.72)                | 9.14 <sup>cd</sup><br>(4.76)  | 17.60 <sup>ab</sup><br>(8.00)  | 16.18 <sup>ab</sup><br>(9.62)  | 42.10** |
| Total Drug Use<br>in 6 months      | 11.53 <sup>cd</sup><br>(3.43)               | 12.36 <sup>cd</sup><br>(6.48) | 26.66 <sup>ab</sup><br>(10.44) | 24.30 <sup>ab</sup><br>(12.31) | 68.00** |
| Consequences                       | 4.31 <sup>cd</sup><br>(1.29)                | 4.47 <sup>cd</sup><br>(1.70)  | 8.83 <sup>ab</sup><br>(3.60)   | 7.90 <sup>ab</sup><br>(3.70)   | 59.67** |

Note. \* $p < .05$ ; \*\* $p < .001$

<sup>a</sup> Differs from Authoritative Group

<sup>b</sup> Differs from Authoritarian Group

<sup>c</sup> Differs from Indulgent Group

<sup>d</sup> Differs from Neglectful Group

<sup>e</sup> Standard Deviations are included in parentheses

measure.

### *Multiple Regression Analyses on Drug Use Measures*

Separate multiple regressions were performed on licit and illicit drug use broken down by sex and institution. All the predictors were entered into the regression equations simultaneously by forced entry. As indicated in Table 12, with respect to the school sample, parental strictness (PS), susceptibility to peer pressure (SPP), externalizing (Ext) and internalizing (Int) problem behavior were consistently significant predictors on licit drug use for both boys and girls ( $\beta$  ranged from  $-.13$  to  $.38$ ). Externalizing problems remained a significant predictor for illicit drug use for both gender. In addition to externalizing symptoms, parental involvement (PI) and susceptibility to peer pressure (SPP) also predicted illicit drug use for male students, but not for female students. For girls, self-reliance (Reli) contributed significantly to predict illicit drug use. On the whole, in the school sample, there was minimal gender difference in terms of the variance explained by the regression equation for both licit and illicit drug use. About 40 percent of variance was accounted for licit drug use, whereas about

Table 12

Multiple Regression Analyses on the School Sample Broken Down by Sex

Male Students

|                  | Beta  |       |       |       |      |       |      |       | R      | R <sup>2</sup> | F           |
|------------------|-------|-------|-------|-------|------|-------|------|-------|--------|----------------|-------------|
|                  | Lie   | Adver | PI    | PS    | EA   | SPP   | Reli | Ext   | Int    |                |             |
| Licit Drug Use   | .21** | -.06  | -.06  | -.13* | .02  | .47** | .05  | .35** | -.19** | .65            | .42 16.08** |
| Illicit Drug Use | .01   | -.05  | -.17* | -.08  | -.13 | .23** | .02  | .24** | -.06   | .38            | .14 3.71**  |

Female Students

|                  | Beta  |       |      |        |     |       |        |       | R     | R <sup>2</sup> | F           |
|------------------|-------|-------|------|--------|-----|-------|--------|-------|-------|----------------|-------------|
|                  | Lie   | Adver | PI   | PS     | EA  | SPP   | Reli   | Ext   | Int   |                |             |
| Licit Drug Use   | .11   | .00   | -.02 | -.19** | .03 | .38** | -.14*  | .32** | -.15* | .64            | .41 16.29** |
| Illicit Drug Use | .19** | -.03  | -.01 | -.04   | .06 | .09   | -.19** | .33** | -.01  | .40            | .16 4.67**  |

Note. \*p<.05; \*\*p<.01

Variable labels - Lie = Short-form Lie Scale from Eysenck Personality Questionnaire (revised version); Adver = Measure for Family Adversities; PI = Parental Involvement Scale; PS = Parental Supervision Scale; EA = Emotional Autonomy Scale; SPP = Susceptibility to Peer Pressure Scale; Reli = Self-reliance Scale; Ext = Externalizing Problems Scale from Achenbach's Youth Self-Report; Int = Internalizing Problems Scale from Achenbach's Youth Self-Report.



15 percent of variance was accounted for illicit drug use across male and female students.

For male drug users, none of the variables individually in the regression equation significantly predicted licit drug use, although the predictive power for the whole regression equation was significant. But parental involvement (PI), parental supervision (PS), and self-reliance (Reli) constituted significant predictors for female drug users ( $\beta$  ranged from  $-.71$  to  $.48$ ). About 54 percent of the variance was accounted by the equation. As for illicit drug use, externalizing problems (Ext) remained the only significant predictor across gender. But more variance was explained for female group ( $R^2 = .45$ ) than for male group ( $R^2 = .12$ ) (Table 13).

A separate multiple regression was also carried out to examine which variable(s) best predicted the intention/likelihood to use various drugs in the future for those subjects who had never used any drug before in the school sample. Results from the stepwise regression analysis indicated that susceptibility to peer pressure was the only significant predictor, which accounted for 30 percent of variance.



Table 13

Multiple Regression Analyses on the Clinical Sample Broken Down by Sex

Male Drug Users

|                  | Beta |       |     |      |      |     |      |       | R    | R <sup>2</sup> | F         |
|------------------|------|-------|-----|------|------|-----|------|-------|------|----------------|-----------|
|                  | Lie  | Adver | PI  | PS   | EA   | SPP | Reli | Ext   | Int  |                |           |
| Licit Drug Use   | .10  | .07   | .02 | -.17 | -.01 | .09 | -.04 | .16   | -.11 | .35            | .12 2.24* |
| Illicit Drug Use | .03  | .05   | .05 | .02  | .00  | .06 | .02  | .37** | -.19 | .34            | .12 2.05* |

Female Drug Users

|                  | Beta |       |       |        |      |      |       |       | R   | R <sup>2</sup> | F          |
|------------------|------|-------|-------|--------|------|------|-------|-------|-----|----------------|------------|
|                  | Lie  | Adver | PI    | PS     | EA   | SPP  | Reli  | Ext   | Int |                |            |
| Licit Drug Use   | .01  | .17   | .48** | -.71** | -.20 | -.22 | .39** | .13   | .09 | .74            | .54 4.49** |
| Illicit Drug Use | -.15 | -.05  | .18   | -.33   | -.20 | -.14 | -.01  | .48** | .02 | .67            | .45 3.05** |

Note. \*p<.05; \*\*p<.01

Variable labels - Lie = Short-form Lie Scale from Eysenck Personality Questionnaire (revised version); Adver = Measure for Family Adversities; PI = Parental Involvement Scale; PS = Parental Supervision Scale; EA = Emotional Autonomy Scale; SPP = Susceptibility to Peer Pressure Scale; Reli = Self-reliance Scale; Ext = Externalizing Problems Scale from Achenbach's Youth Self-Report; Int = Internalizing Problems Scale from Achenbach's Youth Self-Report.

### *Unique Contributions of Predictors on Drug Use Measures*

As indicated by the intercorrelation matrices (Table 8 and Table 9), there were significant associations (mild to moderate) among the predictors. Hierarchical regression was therefore employed to determine the unique variance explained by the following three sets of predictors: 1) family/parenting variables (parental involvement and parental supervision), 2) indices of psychosocial development (emotional autonomy vis-a-vis parents, susceptibility to peer pressure, and self-reliance), and 3) concurrent psychopathology (externalizing and internalizing problem behavior). Separate analyses were carried out for school and clinical subjects. The unique contribution of each block of variables was obtained by partialling out the effects of response style (Lie), family adversities (Adver), and the other two groups of predictors. As summarized in Table 14a and 14b, in both samples, family or psychosocial development variables accounted for more unique variance of licit than illicit drug use, when compared to comorbid psychiatric problems. Specifically, the 3 indices of psychosocial development as a block explained 15 percent of variance of licit drug use after controlling for all the other variables

in the school sample. Family variables turned out to be the only group of variables that had significant unique contribution for licit drug use in the clinical sample ( $sr^2 = .04$ ). But externalizing and internalizing problem behavior had more unique predictive power on the measure of illicit drug use across sample ( $sr^2$  ranged from .04 to .10).

The relative predictive utility of externalizing and internalizing problem behavior was also investigated by entering each of the two variables separately as the last step of the hierarchical regression equations. Externalizing problems were found to explain more unique variance than internalizing problem behavior and this pattern was consistent across sample and type of drugs used (see Table 14a and 14b).

Table 14a

Unique Contributions of Three Sets of Predictors on Licit Drug Use  
Broken Down by Institution

**School Sample** (N = 432)

| Sets of Variables                                                                                                          | sr <sup>2a</sup>                            | F change                      |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------|
| 1. Family Variables <sup>b</sup><br>Parental Involvement<br>Parental Supervision                                           | .03                                         | 9.10**                        |
| 2. Psychosocial Developmental Index <sup>b</sup><br>Emotional Autonomy<br>Susceptibility to Peer Pressure<br>Self-reliance | .15                                         | 35.10**                       |
| 3. Concurrent Psychopathology <sup>b</sup><br>Externalizing Problems<br>Internalizing Problems                             | .04<br>.04 <sup>c</sup><br>.01 <sup>c</sup> | 15.82**<br>31.31**<br>10.54** |

**Clinical Sample** (N = 195)

| Sets of Variables                                                                                                          | sr <sup>2a</sup>                               | F change              |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------|
| 1. Family Variables <sup>b</sup><br>Parental Involvement<br>Parental Supervision                                           | .04                                            | 3.99*                 |
| 2. Psychosocial Developmental Index <sup>b</sup><br>Emotional Autonomy<br>Susceptibility to Peer Pressure<br>Self-reliance | .008                                           | 0.55                  |
| 3. Concurrent Psychopathology <sup>b</sup><br>Externalizing Problems<br>Internalizing Problems                             | .01<br>.008 <sup>c</sup><br>.0002 <sup>c</sup> | 1.10<br>1.53<br>0.038 |

Note. \*p<.05; \*\*p<.01

<sup>a</sup> Unique variance explained by each set of variables; the value was obtained by means of hierarchical regression after partialling out the effects of Lie, Family Adversities, and the other two sets of variables

<sup>b</sup> Variables were entered as a block

<sup>c</sup> Values were obtained by entering externalizing or internalizing problem behavior scales separately as the last step in the equation



Table 14b

Unique Contributions of Three Sets of Predictors on Illicit Drug Use  
Broken Down by Institution

**School Sample** (N = 432)

| Sets of Variables                                                                                                          | sr <sup>2a</sup>                              | F change                  |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------|
| 1. Family Variables <sup>b</sup><br>Parental Involvement<br>Parental Supervision                                           | .006                                          | 1.35                      |
| 2. Psychosocial Developmental Index <sup>b</sup><br>Emotional Autonomy<br>Susceptibility to Peer Pressure<br>Self-reliance | .02                                           | 3.70*                     |
| 3. Concurrent Psychopathology <sup>b</sup><br>Externalizing Problems<br>Internalizing Problems                             | .04<br>.03 <sup>c</sup><br>.0003 <sup>c</sup> | 9.20**<br>12.50**<br>0.14 |

**Clinical Sample** (N = 195)

| Sets of Variables                                                                                                          | sr <sup>2a</sup>                             | F change                   |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------|
| 1. Family Variables <sup>b</sup><br>Parental Involvement<br>Parental Supervision                                           | .009                                         | 0.93                       |
| 2. Psychosocial Developmental Index <sup>b</sup><br>Emotional Autonomy<br>Susceptibility to Peer Pressure<br>Self-reliance | .003                                         | 0.21                       |
| 3. Concurrent Psychopathology <sup>b</sup><br>Externalizing Problems<br>Internalizing Problems                             | .10<br>.09 <sup>c</sup><br>.009 <sup>c</sup> | 10.47**<br>20.49**<br>1.93 |

Note. \*p<.05; \*\*p<.01

<sup>a</sup> Unique variance explained by each set of variables; the value was obtained by means of hierarchical regression after partialling out the effects of Lie, Family Adversities, and the other two sets of variables

<sup>b</sup> Variables were entered as a block

<sup>c</sup> Values were obtained by entering externalizing or internalizing problem behavior scales separately as the last step in the equation

## CHAPTER IV

### Discussion

As expected, adolescent drug users in the clinical group were more likely to have adversities in their social/family background, looser parental supervision, externalizing and internalizing problem behaviors, as well as greater susceptibility to peer pressure than youngsters in the non-clinical group. Like foreign studies, some sex differences were found in prevalence rates and drug use frequency. Specifically, contrary to our intuition, girls in the drug addiction treatment group reported more drug use than their male counterparts, which, again, was consistent with Wong's (1994) findings. The author suggested that this may be due to some referral bias because in Hong Kong, girls are less likely to be incarcerated than boys unless they violate the laws repeatedly. Hence, this subgroup may consist of girls with a variety of serious behavioral and emotional problems. The present data set do not allow for a further exploration of this gender issue. More in-depth interviews about their reasons for drug use may be useful to explain the phenomenon.

The present research examined the relative contribution of a host of predictors, including family variables, indices of psychosocial development, and concurrent psychopathology, on adolescent substance use in Hong Kong. Both non-clinical and clinical subjects were studied. Overall, most of the results corroborated findings of prior studies on correlates of drug use.

Multiple regression analyses have identified externalizing problem behavior, susceptibility to peer pressure, and parental supervision as the three strong predictors of adolescent licit and illicit drug use in general, relative to other remaining variables. There were also some variations in terms of the relative importance of different predictors across subsamples.

#### *Relationship between Family Variables and Drug Use*

Consistent with Lamborn et al.'s (1991) work, adolescents who described their parents as authoritative or authoritarian reported less licit and illicit drug use than indulgently or neglectfully reared youngsters did. This finding is understandable because the supervision/strictness dimension of parenting had stronger associations with all drug use measures for both school and clinical samples than the



involvement/warmth dimension. Among the four parenting groups, authoritative and authoritarian types were defined as high in the supervision dimension, thereby turning out to be better deterrents of adolescent substance use. These results suggest that in order to reduce the likelihood of future drug use, it is more advantageous if parents set clear behavioral limits and exert adequate control over their children. The consistency of the findings of this study with those in the western countries also indicates that the differential effects of the four parenting styles may have considerable generality across culture.

#### *Relationship between Indices of Psychosocial Development and Drug Use*

Among the three aspects of autonomy, susceptibility to peer pressure was found to be the best predictor of substance use in the school sample. Its good predictive power was as expected given the data reported by Dielman et al. (1987) and Wong (1994). Lamborn & Steinberg (1993) reported that teenagers with high emotional autonomy in relation to parents were more likely to engage in deviant activities, including school misconduct and drug use. In this study, although



positive and significant correlations were found between emotional autonomy and drug use measures, it appears that a large proportion of its predictive power was accounted for by its association with such stronger predictors as susceptibility to peer pressure when all the variables were entered into the regression equations. As a result, it is not a significant predictor in the multiple regression equations.

Although the self-reliance measure contributed significantly to predict drug use for female subjects, its low internal consistency should warrant more cautious interpretation of the results. Rather than attributing the low reliability of the scale to possible cultural differences, it was speculated that after translation into Chinese, the scale contained a number of double negative statements, which might be difficult to interpret for the participating youngsters. Random responding might therefore result.

#### *Relationships between Concurrent Psychopathology and Drug Use*

Relative to internalizing symptoms, concurrent externalizing symptoms, including delinquent and aggressive behavior, were found to be more powerful

predictors of adolescent substance use across sample and gender. Hierarchical regression analyses also suggested that the relationships between internalizing problems and drug use were likely to be spurious and were confounded by the significant association between externalizing and internalizing problems ( $r = .53$ ). After controlling for the effects of externalizing symptoms, internalizing problem behavior did not appear to make independent contribution in predicting licit and illicit drug use. Even when there was significant unique variance explained (as for licit drug use in the school sample), its magnitude of unique variance explained was less than that accounted for by externalizing problems. In other words, the relation between concurrent internalizing problems and substance use appears to be mediated by the effects of concurrent externalizing problems.

On one hand, these results were in accord with the literature indicating a strong relation between conduct problems and substance use (e.g. Windle, 1990, Boyle et al., 1992). On the other hand, the current findings raise questions regarding the results of previous studies reporting links between comorbid depressive symptoms and substance use (e.g. Jacob & Shodes, 1987;

Greenbaum et al., 1994). It is possible that the relation between depressive symptoms and substance use may have been due to the association between depressive symptoms and antisocial behavior. Other explanations may relate to the difference in demographic characteristics (e.g. age) of subjects assessed in each study. Thus, more large-scale, well-designed research projects are required to better explain this apparent inconsistency.

Furthermore, psychopathology may precede, develop as a consequence, or exacerbate substance use and abuse. The present cross-sectional data do not preclude the possibility that early, rather than concurrent, internalizing symptoms can predict later substance use, after controlling for the externalizing problems.

It is interesting to find that externalizing problems, rather than internalizing problems, serve as more potent predictors of adolescent drug use for girls as well. In the drug literature, some researchers (e.g. Windel & Barnes, 1988) proposed that internalizing symptomatology, rather than externalizing symptomatology, may be more predictive of female substance use and abuse. This argument is based upon the view that the higher prevalence rate of



internalizing problems (e.g. depression) among females may drive them to use drugs as a self-medicative means to alleviate their emotional distress. Future studies are required to further investigate this issue.

Furthermore, current findings may indirectly support Jessor & Jessor's (1977) postulation that the two sets of behavior (substance use and conduct/externalizing problems) may simply be different expressions of a single underlying "problem behavior syndrome". According to their problem behavior behavior, involvement in drug use and delinquency represent functionally similar social behaviors that share a common etiology or vulnerability (Farrell et al., 1992). The theory is supposed to apply across gender. But at this stage, we cannot yet conclude that these two different problem behaviors are equivalent or that individuals will show the same pattern of initiation into each one. After all, the correlation between externalizing symptoms and drug use was only  $r = .59$  at best in this study. In other words, not all adolescents involved in delinquent and aggressive behavior are necessarily involved in drug use.

#### *Associations Between Predictors*



Authoritative and authoritarian parenting were found to be associated with least externalizing problem behavior and susceptibility to antisocial peer pressure. This suggests that parental control or monitoring is not only effective in inhibiting drug use, but also other deviant activities. In addition to the direct link between parental supervision and drug use, indirect pathways, mediated by the relations between parental supervision and vulnerability to peer pressure and externalizing problems, may also exist. The causal relationships among predictors were not clear from the present findings, which can only be addressed by longitudinal studies.

Emotional autonomy in relation to parents was defined by Steinberg and Silverberg (1986) as a good asset to acquire during the adolescent developmental process. Presumably, adolescents from authoritative families, who showed better overall adjustment, should be expected to have greater emotional autonomy. Contrarily, in this study, these teenagers manifested least emotional autonomy when compared to those in the other 3 parenting groups. Ryan & Lynch (1989) argued that the emotional autonomy was not a marker of self-regulation or of independence and should be construed

more as emotional detachment from parents. The negative and significant correlation between emotional autonomy and parental involvement found in this study tends to support more of Ryan & Lynch's report that greater emotional autonomy was associated with less perceived parental acceptance. Again, more research is needed to re-examine this intriguing construct and to resolve the inconsistency between studies.

#### *Relative Contributions of Predictors*

Stepwise regression carried out on our subjects who had never tried drugs before in the school sample found that susceptibility to negative peer influence was the only significant variable to predict their likelihood of using various drugs in the future. Once drug use began, hierarchical regression analyses showed that family variables or indices of psychosocial development accounted for more unique variance of licit drug use frequency whereas concurrent psychopathology added more unique contribution to explain illicit drug use frequency. This pattern holds true for both clinical and nonclinical samples. These findings were consistent with Kandel et al.'s (1978) suggestion that different mechanisms or factors were involved in different stages

of drug use, with psychopathology being implicated primarily at the later stages of more illicit drug use. Moreover, Van Kammen et al. (1990) demonstrated that increasing progression in the substance-use sequence was associated with greater levels of engagement in more serious conduct problems and delinquent acts.

The greater association between concurrent psychopathology and illicit drug abuse may perhaps be confounded by a more severe condition of parenting problems and susceptibility to peer influence. In other words, more maladaptive parenting practices and susceptibility to peer influence lead to more psychopathology, which may, in turn, result in more illicit drug use (e.g. Loeber and Stouthamer-Loeber, 1986). However, this explanation is not fully supported by the results of a series of hierarchical regressions (see Table 14a & 14b) where the effects of parenting and susceptibility to peer influence were first partialled out. Concurrent psychopathology still displayed higher unique predictive power to illicit than to licit drug use.

In sum, as level and extent of drug use increases, peer pressure or lack of parental supervision may not be



adequate predictors for further involvement with illicit drug use. Instead, comorbid psychopathology, in particular externalizing problems, takes over to become the most robust predictor on top of the family and psychosocial developmental variables across sample and gender.

### *Implications for Social Policy and Interventions*

The recognition of heavy or illicit drug use may be a part of a broad problem syndrome, and that it is not adequately explained in terms of such variables as susceptibility to peer influence has important implications for social policy and interventions.

Current social policy in Hong Kong seems to follow from the assumption that peer influence leads to experimentation, which in turn leads to abuse. Thus, efforts at drug education are aimed at discouraging experimentation by emphasizing the need to "just say no" to peer influence. Over the past few years, the drug prevention programs have mainly focused on drug education, which appear to trivialize the factors underlying drug abuse, and undermine their depth and pervasiveness. For so long as problem or illicit drug use is understood primarily in terms of "lack of



education", so long is attention diverted from the crucial role of the underlying psychopathology, in particular the externalizing symptoms. The concept of drug "education" may have its current popular appeal in part because the link between the problems (drugs) and the attempted solution (drug education) is self-evident and hence reassures the concerned parties (e.g. teachers, parents, government officials) that "something is being done" (Shedler & Block, 1990). Furthermore, educational approaches to drug prevention have met with limited success only in the West (Tobler, 1986). In light of current findings, efforts should be addressed to encouraging establishment of adequate parental supervision/control in addition to social skills training to resist negative peer pressure. More comprehensive interventions focusing on the problem syndrome or psychopathology underlying heavy illicit drug use are also urgently called for.

Besides, when teachers, parents, practitioners become aware that an adolescent is engaging in some substance use, it would be appropriate and necessary to screen for co-occurrence of other externalizing and internalizing problem behaviors. This is particularly important for early adolescents because the early onset

of drug use and other problem behaviors may be precursors to more severe problems in the upcoming years (Newcomb & Bentler, 1988).

### *Limitations of the Study*

The results of this study should be interpreted cautiously because of several limitations. First, only self-report measures were obtained. However, reviews of literature suggested that under proper circumstances, adolescents tend to be reasonably honest in reporting drug use and other problem behaviors (e.g. Barnea et al., 1987; Oetting & Beauvais, 1990; Stacy et al., 1985). As noted before, considerable efforts were taken to ensure confidentiality, which is critical for obtaining valid reports. Furthermore, although more objective measures would have been preferable, such data are very difficult to obtain in large scale studies.

Another limitation is that using school-based survey data excludes dropout and is less likely to include students with poor school attendance. Although students may drop out of or miss school for a variety of reasons, it is generally assumed that these students are more likely to engage in problem behaviors (Johnson & O'Malley, 1985).

Moreover, it was a cross-sectional research design which did not allow to make any causal inferences. Longitudinal research would be more appropriate to investigate causal relationships among the predictors for adolescent drug use in Hong Kong.

Finally, nonprobability convenient sampling employed in this study limited the generalizability of the findings to other populations.

### *Conclusion*

In light of a significant amount of variance unexplained by the regression equations, other variables such as parental psychopathology, genetic factors, and personality variables should be considered in future research work on adolescent substance use/abuse. Furthermore, efforts to distinguish differential etiologies for different types of drugs or different problem behaviors (should these exist) will also be research priorities.



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## Appendix

Questionnaire for the study

### 青少年情緒及行為調查

這是一份有關時下年青人的情緒及行為問卷。請按照指示儘量回答所有題目。所有問題均沒有所謂對或錯的答案，請依照自己的情況作答，不要與別人商量。在空格上加上「√」號即可。

此問卷的一切資料將會絕對保密，多謝合作。

## I. 個人資料

1. 年齡：\_\_\_\_\_歲
2. 性別：☐男      ☐女
3. 教育程度：\_\_\_\_\_
4. 與你同住的人有：（可填多於一個選擇）  

|                                        |                               |
|----------------------------------------|-------------------------------|
| <input type="checkbox"/> 親生父親          | <input type="checkbox"/> 親生母親 |
| <input type="checkbox"/> 繼父            | <input type="checkbox"/> 繼母   |
| <input type="checkbox"/> 祖父/母          | <input type="checkbox"/> 兄弟姊妹 |
| <input type="checkbox"/> 其他（請註明：_____） |                               |
5. 與你一起居住的家庭成員人數（包括自己）：\_\_\_\_\_
6. 你父親/母親的教育程度是：  

| 父親的教育程度                                | 母親的教育程度                                |
|----------------------------------------|----------------------------------------|
| <input type="checkbox"/> 從未正式入學        | <input type="checkbox"/> 從未正式入學        |
| <input type="checkbox"/> 小學程度          | <input type="checkbox"/> 小學程度          |
| <input type="checkbox"/> 中學程度          | <input type="checkbox"/> 中學程度          |
| <input type="checkbox"/> 大專/大學         | <input type="checkbox"/> 大專/大學         |
| <input type="checkbox"/> 其他（請註明：_____） | <input type="checkbox"/> 其他（請註明：_____） |
7. 你父親的職業是\_\_\_\_\_。
8. 你母親的職業是\_\_\_\_\_。
9. 你的家庭有否遇到經濟問題/困境？  

|                               |
|-------------------------------|
| <input type="checkbox"/> 時常有  |
| <input type="checkbox"/> 間中有  |
| <input type="checkbox"/> 完全沒有 |
10. 你認為你社區的治安是  

|                             |
|-----------------------------|
| <input type="checkbox"/> 差  |
| <input type="checkbox"/> 普通 |
| <input type="checkbox"/> 好  |



11. 放學後,你通常 (可填多於一個選擇)

- ☐ 回家
- ☐ 留在學校參加課外活動
- ☐ 去補習
- ☐ 與朋友去街
- ☐ 其他 (請註明:\_\_\_\_\_)

12. 在你一生中,你有否曾經使用過以下的東西?

(無論有否使用過,請回答每一題)

|                                                                    | 否                        | 有                        |
|--------------------------------------------------------------------|--------------------------|--------------------------|
| a. 香煙                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 啤酒或其他烈酒                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 咳藥水                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 有機溶劑 (天拿水,膠水或打火機油)                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| e. 大麻                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| f. 海洛英/白粉                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| g. 鎮定劑 (屋仔,二拾蚊,13A,綠豆仔,<br>羅氏五,十號,十字架,藍精<br>靈,睡覺幫,笑哈哈,白瓜子,<br>藍瓜子) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. 興奮劑 (大力丸,冰,安菲他命,可卡因)                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| i. 鎮抑劑 (巴比通,紅魔鬼,莉莉四十,<br>忽得, MX)                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| j. 麻醉鎮痛劑 (高甸,止咳水,嗎啡,紅<br>包菲仕通)                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| k. 其他 (請註明:_____)                                                  | <input type="checkbox"/> | <input type="checkbox"/> |

13. 你第一次使用下列東西的時候的年紀有多大？

- |                                                                          | 從用                       | 未過                       | 使用 |
|--------------------------------------------------------------------------|--------------------------|--------------------------|----|
| a. 香煙 _____歲                                                             | <input type="checkbox"/> | <input type="checkbox"/> |    |
| b. 啤酒或其他烈酒 _____歲                                                        | <input type="checkbox"/> | <input type="checkbox"/> |    |
| c. 咳藥水 _____歲                                                            | <input type="checkbox"/> | <input type="checkbox"/> |    |
| d. 有機溶劑 (天拿水, 膠水或打火機油) _____歲                                            | <input type="checkbox"/> | <input type="checkbox"/> |    |
| e. 大麻 _____歲                                                             | <input type="checkbox"/> | <input type="checkbox"/> |    |
| f. 海洛英/白粉 _____歲                                                         | <input type="checkbox"/> | <input type="checkbox"/> |    |
| g. 鎮定劑 (屋仔, 二拾蚊, 13A, 綠豆仔, 羅氏五, 十號, 十字架, 藍精靈, 睡覺幫, 笑哈哈, 白瓜子, 藍瓜子) _____歲 | <input type="checkbox"/> | <input type="checkbox"/> |    |
| h. 興奮劑 (大力丸, 冰, 安菲他命, 可卡因) _____歲                                        | <input type="checkbox"/> | <input type="checkbox"/> |    |
| i. 鎮抑劑 (巴比通, 紅魔鬼, 莉莉四十, 忽得, MX) _____歲                                   | <input type="checkbox"/> | <input type="checkbox"/> |    |
| j. 麻醉鎮痛劑 (高甸, 止咳水, 嗎啡, 紅包菲仕通) _____歲                                     | <input type="checkbox"/> | <input type="checkbox"/> |    |
| k. 其他 (請註明: _____) _____歲                                                | <input type="checkbox"/> | <input type="checkbox"/> |    |

14. 在過去6個月內, 平均來說你曾使用以下東西多少次？

- |            | 沒有                       | 每月一次或以下                  | 每月二次至三次                  | 每星期一次                    | 每星期二至六次                  | 每日一次                     | 每日多於一次                   | 每日使用次數 |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| a. 香煙      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | → ( )  |
| b. 啤酒或其他烈酒 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | → ( )  |
| c. 咳藥水     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | → ( )  |

- |                                                                                       | 沒有<br><input type="checkbox"/> | 每月一次或以下<br><input type="checkbox"/> | 每月二次至三次<br><input type="checkbox"/> | 每星期一次<br><input type="checkbox"/> | 每星期二至六次<br><input type="checkbox"/> | 每日一次<br><input type="checkbox"/> | 每日多於一次<br><input type="checkbox"/> | 每日使用次數<br><input type="checkbox"/> → ( ) |
|---------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|----------------------------------|------------------------------------|------------------------------------------|
| d. 有機溶劑<br>(天拿水, 膠水<br>或打火機油)                                                         | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>           | <input type="checkbox"/> → ( )           |
| e. 大麻                                                                                 | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>           | <input type="checkbox"/> → ( )           |
| f. 海洛英/白粉                                                                             | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>           | <input type="checkbox"/> → ( )           |
| g. 鎮定劑<br>(屋仔, 二拾蚊,<br>13A, 綠豆仔, 羅氏<br>五, 十號, 十字架,<br>藍精靈, 睡覺幫,<br>笑哈哈, 白瓜子, 藍<br>瓜子) | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>           | <input type="checkbox"/> → ( )           |
| h. 興奮劑 (大力丸, 冰,<br>安菲他命, 可卡因)                                                         | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>           | <input type="checkbox"/> → ( )           |
| i. 鎮抑劑 (巴比通,<br>紅魔鬼, 莉莉四十,<br>忽得, MX)                                                 | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>           | <input type="checkbox"/> → ( )           |
| j. 麻醉鎮痛劑 (高甸,<br>止咳水, 嗎啡, 紅包<br>菲仕通)                                                  | <input type="checkbox"/>       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>         | <input type="checkbox"/>           | <input type="checkbox"/> → ( )           |
| k. 其他 (請註明: _____)                                                                    |                                |                                     |                                     |                                   |                                     |                                  |                                    |                                          |

15. 你大多數在那裏使用以上東西? (可填多於一個選擇)

- ☐ 家裏
- ☐ 學校
- ☐ 工作地方
- ☐ 社交場所, 如私人派對, 舞會
- ☐ 公眾場所, 如公園, 公廁, 的士高
- ☐ 其他 (請註明: \_\_\_\_\_)



16. 在過去六個月內, 你曾否遇到以下的情況?

- |                                                                    | 沒有                       | 很少                       | 間中                       | 時常                       |
|--------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. 你曾否因為使用酒精, 「丸仔」, 大麻或「白粉」等而影響到你的學業成績, 工作表現, 家庭生活或社交活動?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 你曾否因為使用酒精, 「丸仔」, 「白粉」, 或大麻等而感到身體不適或引致一些危險的情況, 例如昏迷在街上?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 你曾否因為使用酒精, 「丸仔」, 「白粉」, 或大麻等而和父母, 老師有麻煩或被警方拘捕?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 雖然明知使用酒精, 「丸仔」, 「白粉」, 或大麻等令你的社交, 工作, 身體, 心理等各方面引起問題, 但你仍然繼續使用嗎? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17. 如果將來你有機會接觸下列東西, 你會使用的可能性有多少?

- |                                   | 很不可能                     | 不大可能                     | 有可能                      | 很可能                      |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. 香煙                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 啤酒或其他烈酒                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 「丸仔」, 大麻, 「咳藥水」, 有機溶濟, 或其他軟性藥物 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 「白粉」(如海洛英等)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. 其他非法藥物 (請註明: _____)            |                          |                          |                          |                          |

18. 你的父母或其他家人(如兄弟姊妹等)曾否使用以下東西?

- |            | 否                        | 有                        |
|------------|--------------------------|--------------------------|
| a. 香煙      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 啤酒或其他烈酒 | <input type="checkbox"/> | <input type="checkbox"/> |

- |                                   | 否                        | 有                        |
|-----------------------------------|--------------------------|--------------------------|
| c. 「丸仔」, 大麻, 「咳藥水」, 有機溶濟, 或其他軟性藥物 | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 「白粉」(如海洛英等)                    | <input type="checkbox"/> | <input type="checkbox"/> |
| e. 其他非法藥物 (請註明: _____)            |                          |                          |

19. 你的朋友中, 有多少人使用以下東西?

- |                                   | 沒有                       | 幾個                       | 大部份                      |
|-----------------------------------|--------------------------|--------------------------|--------------------------|
| a. 香煙                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 啤酒或其他烈酒                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 「丸仔」, 大麻, 「咳藥水」, 有機溶濟, 或其他軟性藥物 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 「白粉」(如海洛英等)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. 其他非法藥物 (請註明: _____)            |                          |                          |                          |

II. 以下的問題是有關你個人的性格, 請以你在過去數年間的感受和行為作為標準去作答。

- |                                | 否                        | 是                        |
|--------------------------------|--------------------------|--------------------------|
| 1. 如果你答應做某些事, 不論如何不便, 你仍會遵守諾言? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 你曾否貪圖得到多過你應有的?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 你曾否將自己的過錯推搪給別人?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 你是否所有習慣都是好的?                | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 你曾否擅自拿過別人的東西(就算只是一針一線)?     | <input type="checkbox"/> | <input type="checkbox"/> |

- |                        | 否                        | 是                        |
|------------------------|--------------------------|--------------------------|
| 6. 你曾否損壞或遺失過別人的東西?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 你曾否講過別人的壞話?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. 你小時曾否對父母粗暴無禮?       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. 和別人玩遊戲時, 你曾否有過欺騙行為? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. 你曾否佔過他人便宜?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. 你是否經常言行一致?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. 你是否有時把今天應做的事拖至明天?  | <input type="checkbox"/> | <input type="checkbox"/> |

III. 我們希望知道你對自己父母的看法, 請在適當的空格內加上「√」號:

I. 你認為以下的句子是否適合形容你的父親?

- |                             | 不適合                      | 適合                       |
|-----------------------------|--------------------------|--------------------------|
| 1. 當有問題時, 我是可以依賴他幫助我解決問題。   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 他時常要求我做每一件事都要做到最好。       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 他常常鼓勵我去獨立思考每一件事。         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 當我在溫習功課時, 若遇到困難, 他會從旁指導。 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 當他吩咐我做事情之前, 他必定將原因解釋得清楚。 | <input type="checkbox"/> | <input type="checkbox"/> |



你認為以下的句子是否適合形容你的母親？

- |                                                                                           | 不適合                      | 適合                       |
|-------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 6. 當有問題時,我是可以依賴她幫助我去解決問題。                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 她時常要求我做每一件事都要做到最好。                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. 她常常鼓勵我去獨立思考每一件事。                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. 當我溫習功課時,若遇到困難,她會從旁指導。                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. 當她吩咐我做事情之前,她必定將原因解釋得清楚。                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. 當你在學校的成績低劣時,你的家長有沒有鼓勵你更加努力?                                                           |                          |                          |
| <input type="checkbox"/> 常常 <input type="checkbox"/> 有時 <input type="checkbox"/> 沒有       |                          |                          |
| 12. 當你在學校取得優良成績時,你的家長有沒有稱讚你呢?                                                             |                          |                          |
| <input type="checkbox"/> 常常 <input type="checkbox"/> 有時 <input type="checkbox"/> 沒有       |                          |                          |
| 13. 你的家長對於你的朋友有多少認識?                                                                      |                          |                          |
| <input type="checkbox"/> 認識很多 <input type="checkbox"/> 有認識 <input type="checkbox"/> 完全不認識 |                          |                          |

以下的情況有在你的家庭發生嗎？

- |                     | 完全沒有                     | 一個月幾次                    | 一星期幾次                    | 每天都有                     |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 14. 我的家長會抽時間和我傾談    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. 有空時,我便會和我家人一起玩樂 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

16. 在平日,你最遲可以在甚麼時間才回家呢?

- ☐ 晚上8:00之前
- ☐ 8:00至8:59
- ☐ 9:00至9:59
- ☐ 10:00至10:59
- ☐ 11:00或之後
- ☐ 沒有限制

17. 在週末或假日,你最遲可以在甚麼時間才回家呢?

- ☐ 不准外出
- ☐ 晚上9:00之前
- ☐ 9:00至9:59
- ☐ 10:00至10:59
- ☐ 11:00至11:59
- ☐ 零時12:00至12:59
- ☐ 1:00至1:59
- ☐ 2:00之後
- ☐ 沒有限制

18. 你的家長是否知道你放學後去甚麼地方?

- ☐ 知道
- ☐ 不知道

你的家長想知道有關下列的情況嗎?

- |                    | 不想                       | 有時想                      | 好想                       |
|--------------------|--------------------------|--------------------------|--------------------------|
| 19. 晚上出外時,你會去甚麼地方? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. 課餘時,你會做些甚麼?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. 放學後,你通常會去甚麼地方? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

你的家長確實知道有關下列的情況嗎？

- |                                | 不知                       | 有時知                      | 好多時都知                    |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| 22. 晚上出外時,你會去甚麼地方?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. 課餘時,你會做些甚麼?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. 放學後,你通常會去甚麼地方?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. 總括來說,請問你是否滿意你家長對你管教的程度?    |                          |                          |                          |
| <input type="checkbox"/> 非常不滿意 |                          |                          |                          |
| <input type="checkbox"/> 不滿意   |                          |                          |                          |
| <input type="checkbox"/> 滿意    |                          |                          |                          |
| <input type="checkbox"/> 非常滿意  |                          |                          |                          |
| 26. 總括來說,請問你是否滿意你家長對你關心愛護的程度?  |                          |                          |                          |
| <input type="checkbox"/> 非常不滿意 |                          |                          |                          |
| <input type="checkbox"/> 不滿意   |                          |                          |                          |
| <input type="checkbox"/> 滿意    |                          |                          |                          |
| <input type="checkbox"/> 非常滿意  |                          |                          |                          |

IV. 請指出以下的句子是否準確地形容你的行為。

- |                         | 非常不準確                    | 不準確                      | 準確                       | 非常準確                     |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. 父母和我對所有事意見一致。        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 在嘗試自行解決問題前,我先向父母求助。  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 我常猜想當我不在時,父母的行為會是如何。 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 即使父母和我意見不同,他們總是對的。   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



|                                    | 非常<br>不準確                | 不<br>準確                  | 準<br>確                   | 非常<br>準確                 |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. 在某些事上要找人商量時，找我的好朋友比找父母更加好。      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 當做錯事時，我靠父母替我補救。                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 我有些事是父母不知道的。                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. 我父母在家的行為，和他們與自己父母在一起時不同。        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. 父母對我的一切相當清楚。                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. 我父母在參加派對時的表現，可能令我吃驚。           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. 我嘗試和父母意見一致。                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. 我父母在家和在工作時的行為舉止，大致相同。          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. 當我和朋友有問題時，我會先與母親或父親討論，再決定如何處理。 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. 如果父母知道他們不在我身邊時我的行為，他們會大吃一驚。    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. 當我為人父母時，我會以現時父母對待我的方式，來對待我的孩子。 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. 我在父母身邊時，他們談論的話題很可能和我不在時不一樣。    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. 當我為人父母時，有些事我會和我現時父母的做法不一樣。     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. 我父母幾乎從不犯錯。                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. 但願父母能了解我究竟是一個怎樣的人。             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                                 | 非常<br>不準確                | 不<br>準確                  | 準<br>確                   | 非常<br>準確                 |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 20. 我父母和朋友在一起時的行為舉止,和他們在家時大致相同。 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. 決定自己想做甚麼工作是可行的,因為那不太關別人的事。  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. 在一群人中,我不願意讓其他人作決定。          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. 就算你的童年經歷很差,你也可以有成就。         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. 多數發生在我身上的事,是由命運決定。          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. 我不可以更成功的主要原因,是我的運氣不好。       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. 我經常需要有人告訴我怎樣做。              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. 當事情順利時,通常是因為我自己的功勞。         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. 就算我和朋友持不同意見,我也感到無所謂。        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. 如果要保持融洽,你最好同意別人,而不說出你自己的意見。 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. 我不能確定是否喜歡一件新衫,直至到我知道朋友的想法。  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

V. 你的「死黨」叫你和他們做以下的事,但你不願,你會照他們意思做的可能性有多少?

|                         | 很不可能                     | 不大可能                     | 有可能                      | 很可能                      |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. 用粉筆塗污學校的牆壁。          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 飲酒。                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 向一隻狗投擲石頭。            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 撕爛圖書館的書。             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 打爛別人的玻璃窗後不顧而去。       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 進入「私家地方」。            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 逃學/走堂。               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. 考試前,偷去老師的答案紙作為溫習的參考。 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. 從店鋪偷取糖果。             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. 吸煙。                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VI. 以下的句子是否準確地形容你在過去六個月內的情緒和行為?

|                              | 不準確                      | 幾準確                      | 很準確                      |
|------------------------------|--------------------------|--------------------------|--------------------------|
| 1. 做了一些不應該做的事,我不感到內咎         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 我和一班惹事的朋友混在一起             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 我講大話或欺騙別人                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 我寧願和比我大的人一起,而不想和我同年齡的人在一起 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



|                                      | 不<br>準<br>確              | 幾<br>準<br>確              | 很<br>準<br>確              |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| 5. 我離家出走                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 我放火                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. 我在家裏偷東西                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. 我在家以外的地方偷東西                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. 我講粗口                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. 我走堂/逃學                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. 我服用酒精或藥物,並不為醫學用途。<br>(請註明:_____) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. 我時常爭吵                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. 我自吹自擂                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. 我對別人苛刻                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. 我嘗試令人注意我                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. 我會毀壞自己的東西                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. 我會毀壞別人的東西                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. 我不遵守校規                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. 我妒忌別人                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. 我參與很多打鬥                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. 我攻擊他人身體                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. 我時常尖叫/大叫                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. 我炫耀自己                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. 我固執                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. 我的情緒會突然變化                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. 我說話太多                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                     | 不準確                      | 幾準確                      | 很準確                      |
|---------------------|--------------------------|--------------------------|--------------------------|
| 27. 我時常取笑別人         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. 我脾氣暴躁           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. 我恐嚇會傷害別人        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. 我比其他青少年說話大聲     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. 我寧願一個人而不想和其他人一起 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. 我不願說話           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. 我把秘密藏在心裏        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. 我害羞             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. 我沒有很多精力         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. 我避免與人交往         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. 我感到暈眩           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. 我感到過度疲勞         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. 沒有醫學原因的生理問題：    |                          |                          |                          |
| a. 痛楚（不包括頭痛）        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 頭痛               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. 作嘔/作悶            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. 眼部問題（請註明：_____）  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. 紅疹或其他皮膚病         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. 胃痛/胃抽筋           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. 嘔吐               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. 其他（請註明：_____）    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. 我感到孤單           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. 我常哭             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. 我蓄意傷害自己或自殺      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. 我恐怕我會想或做一些壞的事情  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                   | 不<br>準<br>確              | 幾<br>準<br>確              | 很<br>準<br>確              |
|-------------------|--------------------------|--------------------------|--------------------------|
| 44. 我覺得我必須完美      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. 我覺得沒有人愛我      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. 我覺得別人要對付我     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. 我覺得自己無用和低微    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. 我精神緊張         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. 我太過恐慌或焦慮      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. 我太有罪咎感        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. 我態度不自然或容易感到尷尬 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. 我懷疑別人         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. 我想過自殺         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. 我時常擔心         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. 我不開心或沮喪       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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